



FORM 2 NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

Washington State Department of Ecology
Attn: DW Notifications
P.O. Box 47658
Olympia, WA 98504-7658
(360) 407-6737

Date Received: 11-23-99

Note: Failure to properly and completely fill out your form may delay processing and/or cause your form to be returned for completion. Associated page numbers with detailed instructions are listed for each section.

1. Notification. Please select one of the following choices. (p.5)

1.a. ☐ New notification

OR 1.b. ☒ Existing RCRA Site ID# WA H 000 003 848

if 1.a., complete entire form

if 1.b., choose desired action below and fill in effective date.

DEPARTMENTAL USE ONLY

WA

☐ Revise Notification (complete entire form)

Indicate which sections are being revised _____

☐ Reactivate Site ID# (complete entire form)

~~DD~~ ☒ Withdraw/Cancel Site ID# (skip sections 9 and 10)

Effective date of change: 12/13/98
mm dd yy

2. Site Information (p.7)

Company Name Butchs Auto Repair Branch Rd

Site Location 7791 Branch Rd

City/State/Zip Harrah, WA 98933

County Yakima

Admin Withdraw

Signature _____ Date _____

USEPA RCRA



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DEC 09 1997

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1. **Notification.** Please select one of the following choices. (p. 5)

1.a. ☒ New notification

OR

1.b. ☐ Existing RCRA Site ID# WA _____

If 1.a., complete entire form.

If 1.b., choose desired action below and fill in effective date.

DEPARTMENTAL USE ONLY									
WA	H	0	0	0	0	3	8	4	8

47.33817
122.22541

☐ Revise Notification (complete entire form)

☐ Reactivate Site ID# (complete entire form)

☐ Withdraw Site ID # (skip sections 11 and 12)

☐ Cancel Site ID# (skip sections 11 and 12)

Effective date: ____/____/____
mm dd yy

2.a. **SIC Code:** (p.7) _____ (Primary) 7538

2.b. Type of business conducted at this site: (p.7) repair of vehicle
engines, bracks, starter, Alternator, elec

3. **Name of site** (p. 7) Butch's Auto Repair Branch Rd

4. **Location of site** (p. 7)

Street 7791 - Branch Rd

City or Town HARRAH

County YAKIMA State WA Zip 98933

5. **Site mailing address** (p. 7)

Street or P.O. Box P.O. Box 9232

City YAKIMA State WA Zip 98909

6. **Site contact** (person Ecology should contact for clarification on this form, p. 7)

Name CHARLOTTE A. MACHART

Job Title bookkeeper Phone Number 509-848-3707

Mailing Address P.O. Box 9232

City YAKIMA State WA Zip 98909



NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 5) WA _____

Name of site (same as section 3, p. 7) _____

7. Department of Revenue # (p. 8): 601-422-143

8. Site operator (person responsible for dangerous waste activity, p. 8)

Name CHARLOTTE A. MACHART Phone Number 509-848-3707

Mailing Address P.O. Box 9232

City YAKIMA State WA Zip 98909

9.a. Site ownership (legal owner of business, p. 8)

Has ownership changed since you last notified or reported? ☐ Yes ☒ No

If Yes, effective date of ownership change: ____/____/____

Name HENRY G. MACHART Phone Number 509-848-3707

Mailing Address P.O. Box 9232

City YAKIMA State WA Zip 98909

9.b. Site ownership type (p. 8)

Please circle the appropriate letter at right which best describes the legal status of the current owner of the business.

F = Federal
I = Tribal Trust
C = County
D = District
S = State
P = Private
M = Municipal
O = Other

10.a. Property ownership (legal owner of this property, p. 8)

Name ~~Mabel Sutherland~~ Same as 9.a. Phone Number _____

Mailing Address _____

City _____ State _____ Zip _____

10.b. Property type (p. 8)

Please circle the appropriate letter at right which best describes the legal status of the land on which the business is located.

F = Federal
I = Tribal Trust
C = County
D = District
S = State
P = Private
M = Municipal
O = Other

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 5) **WA** _____

Name of site (same as section 3, p. 7) _____

11. Type of regulated waste activity (Mark "X" in the appropriate boxes, p. 9)

11.a. Dangerous waste activity

1. **Generator**
 - ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
 - ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
 - ☒ c. Less than 100 kg/mo (220 lbs.)
2. **Frequency**
 - ☐ a. Monthly
 - ☒ b. Batch
 - ☐ c. One-time only
3. **Transporter** (indicate mode in boxes 1-5 below).
 - ☐ a. Transport own waste
 - ☐ b. Transport for commercial purposes

Mode of Transportation

 - ☐ 1. Air
 - ☐ 2. Rail
 - ☐ 3. Highway
 - ☐ 4. Water
 - ☐ 5. Other-specify: _____
4. **Treater, Storer, Disposer** (at installation). Note: A RCRA Permit is required for this activity.
 - ☐ a. For waste generated at this facility
 - ☐ b. For waste generated by other facilities

4. (Continued)
Which of the following RCRA permitted activities occur at this facility?
 - ☐ 1. Treatment
 - ☐ 2. Disposal
 - ☐ 3. Storage
5. **Dangerous waste fuel**
 - ☐ a. Generator marketing to burner
 - ☐ b. Other marketers
 - ☐ c. Boiler and/or industrial furnace
 - ☐ 1. Smelter deferral
 - ☐ 2. Small quantity exemption

Indicate type of combustion device(s):

 - ☐ 1. Utility boiler
 - ☐ 2. Industrial boiler
 - ☐ 3. Industrial furnace
- ☐ 6. **Underground injection control**
- ☐ 7. **Immediate recycler**
- ☐ 8. **Permit-by-rule facility**
- ☐ 9. **Treatment by generator**

11.b. Used oil fuel activities

1. **Used oil fuel marketer**
 - ☐ a. Marketer directs shipment of used oil to off-specification burner
 - ☐ b. Marketer who first claims the used oil meets the specifications
2. **Used oil burner**—indicate type(s) of combustion device(s).
 - ☐ a. Utility boiler
 - ☐ b. Industrial boiler
 - ☐ c. Industrial furnace
3. **Used oil transporter**—indicate type(s) of activity(ies).
 - ☐ a. Transporter
 - ☐ b. Transfer facility
4. **Used oil processor/re-refiner**—indicate type(s) of activity(ies).
 - ☐ a. Process
 - ☐ b. Re-refine

12.a. Waste descriptions (p. 12)

oil, antifreeze, mixture

NOTIFICATION OF DANGEROUS WASTE ACTIVITIES

RCRA Site ID# (p. 5) WA _____

Name of site (same as section 3, p. 7) _____

12.b. Waste Codes: (p. 12)

1. **Characteristics** (WAC 173-303-090): Identify (circle or fill in) those codes that best describe your waste(s).

D001 Ignitable	D002 Corrosive	D003 Reactive	TCLP _____
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2. **Listed** (WAC 173-303-9903): Fill in those codes that best describe your waste(s).

3. **State-only** (WAC 173-303-100, -180, and 9904): Circle those codes that best describe your waste(s).

WT01 WT02 Toxic	WP01 WP02 WP03 Persistent	WL01 WL02 Labpack	W001 PCB	WSC2 Solid Corrosive
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13. Comments (p. 13)

14. Notification checklist (p. 13)

- ☒ Did you **sign and date** notification form?
- ☒ Did you **keep a copy** for your files?
- ☒ Did you **complete the correct sections** of this notification form to fit your situation? (See section 1—Notification).
- ☒ If you are canceling or withdrawing your RCRA Site ID number, you are responsible for annual reports up to the date your regulated dangerous waste activities ended. Did you **submit your completed annual report** with this request for cancellation or withdraw?

15. Certification (p. 13) This form cannot be processed without a signature

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Signature:

Name and official title (type or print):

Date signed:

Charlotta Amoschar

bookkeeper

12-6-97